MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

263-030**2**95

DEPA	нтм	ENT	OF PL		HEALTH AND WELFARE 219 1003 STATE FILE NUMBER
DO NOT WRITE ON THIS STUB		AMENI	ED		egistration District No
ON THIS STUB		_			PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before
vs 300	ما	1 1	1 1	1	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. COUNTY a. STATE b. COUNTY admission)
Rev. 4/59	닏			1_	Mo.
Rev. 4/39	AMENDED		1	1	b. CITY (If outside corporate limits, give TOWNSHIP only) OR Length of stay in 1b C. CITY OR Inside Limits
	l≅		1 1		TOWN ST. LOUIS YOU NO -
T	Ψ		1 1	1 -	c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If outside, give location) Reside on Farm
2 1/			1	ı	HOSPITAL OR INSTITUTION 4255 LAFAYETTE Ves No No ADDRESS 4155 LAFAYETTE AVE Yes No
	7点	$oxed{oxed}$	\sqcup		7203 ZATAJE / 12 AVE
3	/1	1 1	1 }		NAME OF DECEASED First Middle Last 4. DATE Month Day Year (Type or print) OF
	T			1	JOHN G MINSTERMANN DEATH JULY 12 1963
4 0					SEX . 6. COLOR OR RACE 7. Married Never Married 1 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR
5 2		1 1		ı	MALE WHITE Widowed & Divorced Wov. 2 1890 72 Months Days Hours Min.
<u>5</u> 2				1 -30	In USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY
6	2			ہ ا	during most of working life, even if retired)
i	5				ETTRED BATTALION CHIRF ST. LOUIS FIRE BEPT ST. LOUIS MO. 10-5-4
7 O				I ''	
8 2	기			I	UNKNOWN UNKNOWN MINNIE MINSTERMANN
<u> </u>	?		1.1		es, no, or unknown) (If yes, give war or dates of ser
9	الت			Ι'	ROSE SCHOTT 4255 LAFAY ETTE AVE
— · .	¥		-	-	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
10	ا اد		AEN.		Mills a don to the don't all do not be
11	황		جَرا ا		IMMEDIATE CAUSE (a) YOCARDIAL INITIARCITON HOUTE SMIN,
	3 8		l ŏ		Conditions, if any, DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE
1447/1//	<u>الله</u>	11	4		Conditions, if any, which gave rise to DILE TO (b) HRIERIOSCLEROTIC PIERRI DISERS.
13	NST IS		1		above cause (a), stating the under-
13		\Box	 		lying cause last. DUE TO (c)
	5			ž	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was disease condition given in PART I (a)
90	2			CATION	
, i					
	AMENDMEN			CERTIF	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) PERFORMED?
	z I			1 -	YES [] NO E
Z :	<u>ق</u> ا			EDICA	20c. TIME OF Hour Month, Day, Year INJURY a.m.
_ ¥	۲				p.m.
RIBBON				`	20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE farm, factory, street, office bldg., etc.)
-]	1 1		WHILE AT WORK farm, factory, street, office bldg., etc.) NOT WHILE AT WORK
BLACK OR RITER R	READ	1 [MAY 22 1967 10 JULY 27 1903
∃ Z ⊨ ∣	2				21. I affended the deceased from 1 1/1/1 2 3 3 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
ш 🔰					Death occurred at on the date stated above, and to the best of my knowledge, from the causes stated.
USE BLAC OR TYPEWRITER	SHOULD		ᅵᆼ		22a, ANGRATURE (Degree or title) 22b. ADDRESS / C (20.0 DATE SIGNED
_	돐		[⊨		Stm 9 /andores Ms 1504 80, grand Block 7/23/18.
-	ŀ÷	\vdash	∐ ≩	2	a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. (ZOCATION (City, town, or county) (State)
	Š	}	E P		BURIAL ST. LOUIS CO.
ŀ	<u>~</u>		A	1 -2	PUMERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISSBAR'S SIGNATURE
ľ	ITEM]		10	Konna Kutis 290/ Gravois JUL 24 1963 Can mith M.D.
j.	1	1	1		The American Manager of the Manager

STATEMENT BY LICENSED EMBALMER

	l hereby	certify that	the body whose na	me is recorded on the reverse side of this certificate was embalmed by me, 🧎 👸 📜
or by_	<u>-</u>			, Student Embalmer No:
working	under n	ny personal	supervision.	Contraction ()
Student				Signed Ooclay (Mongason).
		Signature	of Student Embalmer	11019
				Licensed Embalmer No. 706
•	·· .		-	P. O. Address St. Twees 19 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.